

APPLICATION DATA SHEET

10/581565

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Application Information

Application number::	NOT YET ASSIGNED
Filing Date::	HEREWITH
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
Title::	"FATIGUE EVALUATION APPARATUS, FATIGUE EVALUATION METHOD, AND APPLICATION THEREOF"
Attorney Docket Number::	5426SI-2
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	4
Total Drawing Sheets::	12
Small Entity?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship	Japan
Country::	Japan
Status::	Full Capacity
Given Name::	Kei
Middle Name::	
Family Name::	MIZUNO
Name suffix::	
City of Residence::	Osaka
State or Province of Residence::	
Country of Residence::	Japan
Street of mailing address::	2-22-21-802, Hannan-cho Abeno-ku Osaka-shi
City of mailing address:	Osaka
State or Province of mailing address::	2-22-21-802, Hannan-cho Abeno-ku Osaka-shi
Country of mailing address::	Japan
Postal or Zip Code of mailing address::	545-0021

Applicant Authority Type::	Inventor
Primary Citizenship	Japan
Country::	
Status::	Full Capacity
Given Name::	Satoshi
Middle Name::	
Family Name::	NOZAKI
Name suffix::	
City of Residence::	Osaka
State or Province of Residence::	
Country of Residence::	Japan
Street of mailing address::	4-5-36-201, Matsuzaki-cho Abeno-ku Osaka-shi
City of mailing address:	Osaka
State or Province of mailing address::	4-5-36-201, Matsuzaki-cho Abeno-ku Osaka-shi
Country of mailing address::	Japan
Postal or Zip Code of mailing address::	545-0053

Applicant Authority Type::	Inventor
Primary Citizenship	Japan
Country::	
Status::	Full Capacity
Given Name::	Koji
Middle Name::	
Family Name::	YAMAGUCHI
Name suffix::	
City of Residence::	Kyoto
State or Province of Residence::	
Country of Residence::	Japan
Street of mailing address::	31-407, Koyamanakimizo-cho Kita-ku Kyoto-shi
City of mailing address:	Kyoto
State or Province of mailing address::	31-407, Koyamanakimizo-cho Kita-ku Kyoto-shi
Country of mailing address::	Japan
Postal or Zip Code of mailing address::	603-8156

Applicant Authority Type::	Inventor
Primary Citizenship	Japan
Country::	Japan
Status::	Full Capacity
Given Name::	Hiroshi
Middle Name::	
Family Name::	MIZUMA
Name suffix::	
City of Residence::	Osaka
State or Province of Residence::	
Country of Residence::	Japan
Street of mailing address::	2-27-203, Nakamozu-cho Sakai-shi
City of mailing address:	Osaka
State or Province of mailing address::	2-27-203, Nakamozu-cho Sakai-shi
Country of mailing address::	Japan
Postal or Zip Code of mailing address::	591-8023

Applicant Authority Type:: Inventor
Primary Citizenship Japan
Country:: Japan
Status:: Full Capacity

Given Name:: Masaaki
Middle Name::
Family Name:: TANAKA
Name suffix::
City of Residence:: Osaka
State or Province of Residence::
Country of Residence:: Japan
Street of mailing address:: 1-7-20-3009, Abenosuji Abeno-ku Osaka-shi
City of mailing address: Osaka
State or Province of mailing address:: 1-7-20-3009, Abenosuji Abeno-ku Osaka-shi
Country of mailing address:: Japan
Postal or Zip Code of mailing address:: 545-0052

Applicant Authority Type:: Inventor
Primary Citizenship Japan
Country:: Japan
Status:: Full Capacity

Given Name:: Tetsuya
Middle Name::
Family Name:: SASABE
Name suffix::
City of Residence:: Osaka
State or Province of Residence::
Country of Residence:: Japan
Street of mailing address:: 2-3-12, Nankadai Kawachinagano-shi
City of mailing address: Osaka
State or Province of mailing address:: 2-3-12, Nankadai Kawachinagano-shi
Country of mailing address:: Japan
Postal or Zip Code of mailing address:: 586-0077

Applicant Authority Type:: Inventor
Primary Citizenship Japan
Country:: Japan
Status:: Full Capacity

Given Name:: Hirihiko
Middle Name::
Family Name:: KURATSUNE
Name suffix::
City of Residence:: Osaka
State or Province of Residence::
Country of Residence:: Japan
Street of mailing address:: 4-16-405, Toneyamamotomachi Toyonaka-shi
City of mailing address: Osaka
State or Province of mailing address:: 4-16-405, Toneyamamotomachi Toyonaka-shi
Country of mailing address:: Japan
Postal or Zip Code of mailing address:: 560-0044

Applicant Authority Type:: Inventor
Primary Citizenship Japan
Country:: Japan
Status:: Full Capacity

Given Name:: Yasuyoshi
Middle Name::
Family Name:: WATANABE
Name suffix::
City of Residence:: Osaka
State or Province of Residence::
Country of Residence:: Japan
Street of mailing address:: 5-20-19, Onoharahigashi Minoo-shi
City of mailing address: Osaka
State or Province of mailing address:: 5-20-19, Onoharahigashi Minoo-shi
Country of mailing address:: Japan
Postal or Zip Code of mailing address:: 562-0031

Applicant Authority Type::	Inventor
Primary Citizenship	Japan
Country::	Japan
Status::	Full Capacity
Given Name::	Suzuka
Middle Name::	
Family Name::	ATAKA
Name suffix::	
City of Residence::	Osaka
State or Province of Residence::	
Country of Residence::	Japan
Street of mailing address::	6-2-16-605, Morokuchi Tsurumi-ku Osaka-shi
City of mailing address:	Osaka
State or Province of mailing address::	6-2-16-605, Morokuchi Tsurumi-ku Osaka-shi
Country of mailing address::	Japan
Postal or Zip Code of mailing address::	538-0051

Applicant Authority Type::	Inventor
Primary Citizenship	Japan
Country::	Japan
Status::	Full Capacity
Given Name::	Yasushi
Middle Name::	
Family Name::	NISHIDA
Name suffix::	
City of Residence::	Chiba
State or Province of Residence::	
Country of Residence::	Japan
Street of mailing address::	6-3-1, Kashiwanoha Kashiwa-shi
City of mailing address:	Chiba
State or Province of mailing address::	6-3-1, Kashiwanoha Kashiwa-shi
Country of mailing address::	Japan
Postal or Zip Code of mailing address::	277-0882

Correspondence Information

Correspondence Customer Number::	22442
Name::	SHERIDAN ROSS P.C.
Street of mailing address::	1560 Broadway, Suite 1200
City of mailing address::	Denver
State or Province of mailing address::	Colorado
Country of mailing address:	US
Postal or Zip Code of mailing address::	80202-5141
Phone number::	303-863-9700
Fax number::	303-863-0223
E-Mail address:	srlaw@sheridanross.com

Representative Information

Representative Customer Number::	22442	
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Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
PCT	PCT/JP2005/001790	02/07/2005	YES
JP	75324/2004	02/17/2004	YES

Assignee Information

Assignee name::	SOIKEN INC.
Street of mailing address::	1-4-2 Shinsenri-higashimachi Toyonaka-shi
City of mailing address::	Osaka
State or Province of mailing address::	
Country of mailing address::	Japan
Postal or Zip Code of mailing address::	560-0082

Assignee name::	Yasuyoshi WATANABE
Street of mailing address::	5-20-19, Onoharahigashi Minoo-shi
City of mailing address::	Osaka
State or Province of mailing address::	
Country of mailing address::	Japan
Postal or Zip Code of mailing address::	562-0031

Assignee name::	Hirokiho KURATSUNE
Street of mailing address::	4-16-405, Toneyamamotomachi Toyonaka-shi
City of mailing address::	Osaka
State or Province of mailing address::	
Country of mailing address::	Japan
Postal or Zip Code of mailing address::	560-0044